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INFORMATIONAL NOTICE

TO: Physicians and Advanced Practice Nurses

RE: Increases to the Maternal and Child Health (MCH) Add-ons

Effective with dates of service on or after January 1, 2006, the department will increase the reimbursement rate for the MCH add-ons. The following table identifies the procedure code, description, base reimbursement rate and the new MCH add-on amount. Only enrolled MCH providers will be paid the MCH add-on in addition to the base rate.

Procedure Code	Description	Base Rate	MCH Add-on
99213	E/M Office/OH Visit Est Pt	\$28.35	\$18.21
99214	E/M Office/OH Visit Est Pt	\$42.50	\$30.47
99381	Initial Eval Healthy Infant	\$32.15	\$59.75
99382	Initial Eval Healthy Child	\$32.15	\$66.50
99383	Initial Eval Healthy Child	\$32.15	\$64.45
99384	Initial Eval Healthy Adoles	\$32.15	\$72.81
99385	Initial Eval Healthy /18-20 yr	\$32.15	\$72.81
99391	Periodic Re-eval Estab Infant	\$32.15	\$37.37
99392	Periodic Re-eval Healthy Child	\$32.15	\$45.72
99393	Periodic Re-eval Healthy Child	\$32.15	\$44.69
99394	Periodic Re-eval Healthy Adoles	\$32.15	\$52.47
99395	Periodic Re-eval/Mgmt. 18-20 yr	\$32.15	\$53.50

Increased reimbursement rates for selected maternal and child health services are available to physicians and APNs who meet the criteria of, and sign the department's MCH Primary Care Provider Agreement. The MCH Primary Care Provider Agreement can be found on the department's website at: http://www.hfs.illinois.gov/enrollment/

Providers wishing to receive e-mail notification, when new provider information is posted by the department, may register at the following HFS Web site:

http://www.hfs.illinois.gov/provrel

Electronic claim submission via the Internet is available by registering on the department's Medical Electronic Data Interchange, Internet Electronic Claims (MEDI/IEC) System: http://www.myhfs.illinois.gov/

If you have questions regarding this notice, please contact the Bureau of Comprehensive Health Services at 1-877-782-5565.

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